

SALEM RECREATION

REGISTRATION FORM

NO REGISTRATION WILL BE COMPLETED WITHOUT PAYMENT
YOU MUST PRE-REGISTER FOR ALL PROGRAMS

FOR OFFICE USE ONLY

DATE: _____ REC'D BY _____

CASH/CHECK # _____

Name/Adult: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

Secondary Emergency Contact: _____

Phone: _____

ASSUMPTION OF LIABILITY

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Salem, its employees, contracted instructors and volunteers from the liabilities which may occur while participation in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Salem does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided. I also hereby give my permission to the Town to use any photographs, motion pictures, recordings, or any other media record as said activities in which I and/or said child(ren) appear for any lawful purpose.

Signature (Parent/Guardian if participant is under 18)

Date

Other Signatures (All those listed below over 18 years of age must sign the release)

Date

Cancellation policy: No refunds will be given within two weeks prior to start of program if you choose not to participate in the program. A minimum of participants must be registered in order for program to be held.
Payment will be refunded if program is cancelled.

Participant	Sex	Date of Birth	Grade	Activity Number	Activity Name	Cost

Please send this form to:
Salem Recreation 270 Hartford Road Salem, CT 06420
Make checks payable to: Town of Salem

Non-Resident Fee
\$5.00 per class

Total Due